

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <b>09/930710</b>	FILING DATE <b>1</b>					
CLAIMS													
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1							51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
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18								68					
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35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND. <b>4</b>							TOTAL IND. <b>4</b>						
TOTAL DEP. <b>260</b>							TOTAL DEP. <b>260</b>						
TOTAL CLAIMS							TOTAL CLAIMS						